

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND30000003442**

1. Corporation Name

Reserve on Rock Lake Homeowners Association.

100161281411
10/02/09--01041--009 **420.00

REINSTATEMENT 06-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
5902 Fitzgerald Road

3. Mailing Office Address
5902 Fitzgerald Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Odessa, FL

City & State
Odessa, FL

Zip
33556

Country
Hillsborough

Zip
33556

Country
Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida **04/22/2003**

5. FEI Number
20-0547917

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
McGill, Brett

Street Address (P.O. Box Number is Not Acceptable)
5902 Fitzgerald Rd.

Suite, Apt. #, Etc.

City
Odessa

State
FL

Zip Code
33556

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **9/28/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MCGill, Brett	5902 Fitzgerald Rd.	Odessa, FL 33556
VPD	Creighton, Robert	5913 Fitzgerald Rd.	Odessa, FL 33556
STD	Embody, Derek	6001 Fitzgerald Rd.	Odessa, FL 33556

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Brett McGill

9/28/09

Date

813-920-5447

Daytime Phone #